

**FILED DEC 11 1946**

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 421

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Stickler Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1002 S. Wabash  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Vestal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Noah Vestal 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 9 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 8  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Putnam Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name James L. McFarland

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ellen Hurley

15. Birthplace Putnam Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Addington

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cemetery

18. (a) Signature of funeral director R. E. Reilly

(b) Address Kirksville, Missouri

19. (a) 12-2-46 (b) Nate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
 year 1946 hour 6:00 minute A : M

21. I hereby certify that I attended the deceased from July 1946 to Nov. 17 1946  
 that I last saw him alive on Nov. 16 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Nephritis acute Duration 2 mos  
Diabetes Mellitus Duration 20 yrs

Other conditions 61  
(Includes pregnancy within 3 months of death)

Major findings: 61  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 means of injury 0

23. Signature R. O. Stickler (M. D. or other)  
 Address Kirksville, Missouri Date signed 11-25-46

RECEIVED  
District Health Officer No. 10  
District File Number - 12-46-2274  
Filed DEC 10 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed DE Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.